

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2019 - 320 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Ernest Ishmael

Telephone: 843-703-9674

Address: 855 Saddle Brook Rd

Fax:

Cheraw SC.

Other: Home 843-537-6575

Email: Ishmael.ERNEST0913@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Request for Name Change on Certificate☐ Application - Class C Taxi☐ Request to Amend Scope of Authority☒ Application - Class C Charter☐ Request to Amend Tariff (rate increase, etc.)☐ Application - Class C Charter Bus☐ Request to Amend Passenger Limit☐ Application - Class C Non-Emergency☐ Request☐ Application - Class C Stretcher Van☐ Exhibit☐ Application - Class E Household Goods☐ Late-Filed Exhibit☐ Application - Class E Hazardous Waste☐ Letter☐ Application☐ Proposed Order☐ Request for Extension to Comply with Order☐ Publisher's Affidavit☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Reservation Letter☐ Request for Cancellation of Certificate☐ Response☐ Request for Suspension☐ Return to Petition☐ Request for Reinstatement☐ Other:

RECEIVED
OCT 01 2019
PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

TRANSPORTATION COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER**

Date: 09/12/2019

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. ERNEST Ishmell dba H P Services
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

855 SADDLE BROOK RD

Street Address of Applicant

CHEAW SS. 35520

Mailing Address of Applicant (if different from street address)

843-703-9674

Phone

Fax

ISHMELL ERNEST 0713 @ GMAIL.COM

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship
☐ Partnership - List names and addresses of all person having an interest in the business.
☐ Corporation - List names and addresses of two principal officers.

per Mr. Ishmell
add dba to
name

Applicant is financially able to furnish the services as specified in this application and submit the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	200,000	Mortgage/Loan on Real Estate	
Value of Motor Vehicles	40,000	Loans Owed on Motor Vehicles	
Cash on Hand	200.00	Business/Other Loans Owed	40,000
Cash in Bank	3,000	Other Liabilities or Debts	10,000
Value of Other Assets and Equipment	30,000	Total Liabilities	\$ 50,000
Total Assets	\$ 273,000		

INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

INCLUDED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

See attached

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input type="checkbox"/> Richland | |

Schmieding, Janice

From: Ernest Ishmell <ishmellernest0713@gmail.com>
Sent: Sunday, September 29, 2019 8:09 PM
To: Schmieding, Janice
Subject: [External]

The rate is \$70.00 per hour.

THIS FORM MUST BE COMPLETED

INSURANCE QUOTE

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

ERDEST TISHMEI

Name of Applicant

855 SADDLE BROOK ROAD CHERNO SC 29520

Address of Applicant

Amount of Premium:Limits Quoted: (See Below)

Liability Insurance \$ 150,000,000

Limits 100,000 Bodily Injury per person 300,000 Bodily Injury per accident 50,000 Property Damage per accident

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1-7 Passengers* \$ 25,000/50,000/25,000

8-15 Passengers* \$ 25,000/100,000/25,000

* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt

Baker - PEGRAM INSURANCE

Name of Insurance Company

3039 D South Blvd Charlotte NC 28209

Home Office Address of Company

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

ACORD **CERTIFICATE OF LIABILITY INSURANCE** DATE ISSUED: 8/30/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

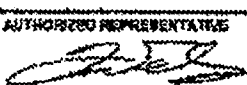
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Juan Feliz Baker-Pegrah Insurance 3039-D South Blvd Charlotte NC, 28209	CONTACT Juan Feliz PHONE (AC, H, E, E) (704) 522-6111 FAX (AC, H, E, E) (704) 522-6333 E-MAIL CO.BAKERPEGRAH@gmail.com INSURER(S) AFFORDING COVERAGE INSURER A: Progressive Southeastern Ins. Co. NAIC # 38784 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Ernest Ichmeti 855 Saddlebrook Rd Cheraw, SC 29520	

COVERAGE	CERTIFICATE NUMBER	REVISION NUMBER																									
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.																											
<table border="1" style="width: 100%;"> <tr> <th>TYPE OF INSURANCE</th> <th>POLICY NUMBER</th> <th>POLICY EFF. DATE</th> <th>POLICY EXPIRATION DATE</th> <th>LIMITS</th> </tr> <tr> <td> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PER ACCIDENT <input type="checkbox"/> LOG <input type="checkbox"/> OTHER </td> <td></td> <td></td> <td></td> <td> EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Per occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADJ INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPOUND AGG \$ </td> </tr> <tr> <td> A AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRE ONLY </td> <td>01053348-0</td> <td>08/28/19</td> <td>08/28/20</td> <td> COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ 100,000 BODILY INJURY (Per accident) \$ 300,000 PROPERTY DAMAGE (Per accident) \$ 50,000 </td> </tr> <tr> <td> UMBRELLA LMB <input type="checkbox"/> EXCESS LMB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE RETENTION \$ </td> <td></td> <td></td> <td></td> <td> EACH OCCURRENCE \$ AGGREGATE \$ </td> </tr> <tr> <td> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR-PREMIER/EXECUTIVE OFFICER/MEMBER EXCLUDED (Temporary or not) 2 yrs. describe under DESCRIPTION OF OPERATIONS below: </td> <td></td> <td></td> <td></td> <td> PER \$ <input type="checkbox"/> STATE <input type="checkbox"/> FED <input type="checkbox"/> EX S.L. EACH ACCIDENT \$ S.L. DISEASE - SA EMPLOYEES \$ S.L. DISEASE - POLICY LIMIT \$ </td> </tr> </table>	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE	POLICY EXPIRATION DATE	LIMITS	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PER ACCIDENT <input type="checkbox"/> LOG <input type="checkbox"/> OTHER				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Per occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADJ INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPOUND AGG \$	A AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRE ONLY	01053348-0	08/28/19	08/28/20	COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ 100,000 BODILY INJURY (Per accident) \$ 300,000 PROPERTY DAMAGE (Per accident) \$ 50,000	UMBRELLA LMB <input type="checkbox"/> EXCESS LMB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR-PREMIER/EXECUTIVE OFFICER/MEMBER EXCLUDED (Temporary or not) 2 yrs. describe under DESCRIPTION OF OPERATIONS below:				PER \$ <input type="checkbox"/> STATE <input type="checkbox"/> FED <input type="checkbox"/> EX S.L. EACH ACCIDENT \$ S.L. DISEASE - SA EMPLOYEES \$ S.L. DISEASE - POLICY LIMIT \$		
TYPE OF INSURANCE	POLICY NUMBER	POLICY EFF. DATE	POLICY EXPIRATION DATE	LIMITS																							
COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PER ACCIDENT <input type="checkbox"/> LOG <input type="checkbox"/> OTHER				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Per occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADJ INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPOUND AGG \$																							
A AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRE ONLY	01053348-0	08/28/19	08/28/20	COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ 100,000 BODILY INJURY (Per accident) \$ 300,000 PROPERTY DAMAGE (Per accident) \$ 50,000																							
UMBRELLA LMB <input type="checkbox"/> EXCESS LMB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$																							
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR-PREMIER/EXECUTIVE OFFICER/MEMBER EXCLUDED (Temporary or not) 2 yrs. describe under DESCRIPTION OF OPERATIONS below:				PER \$ <input type="checkbox"/> STATE <input type="checkbox"/> FED <input type="checkbox"/> EX S.L. EACH ACCIDENT \$ S.L. DISEASE - SA EMPLOYEES \$ S.L. DISEASE - POLICY LIMIT \$																							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached & more space is required)

Taxi Services:
 Schedule Auto; 2015 Chevrolet Suburban C1500 Vin# 1GNSKJKC9FR201259

CERTIFICATE HOLDER Charlotte Mecklenburg PD; Passenger Vehicles for Hire (PVH) 4150 Wilkinson Blvd Charlotte, NC 28208	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--

- Progressive claims history (PROG)
- Motor Vehicle Reports and/or court data (MVR) - provided by a consumer reporting agency
- Comprehensive Loss Underwriting Exchange (CLUE) - provided by a consumer reporting agency

Driver and description

ERNEST ISHMELL

Improper Passing

ERNEST ISHMELL

At Fault Accident

Date

Source/Consumer reporting agency

R/LexisNexis

LexisNexis

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$7,800
Bodily Injury and Property Damage Liability	\$1,500,000 combined single limit		
Uninsured Motorist			137
Bodily Injury	\$25,000 each person/\$50,000 each accident		
Property Damage	\$25,000 each accident	\$200	
Subtotal policy premium			\$7,937
PUC Filing Fee			25
South Carolina Uninjured Motorist Fund charge			2
Total 12 month policy premium and fees			\$7,964

Auto coverage schedule

- 2015 CHEVROLET SUBURBAN C1500/**
VIN: 1GNSKJKC9F201259 Garaging Zip Code: 29520 Territory: 4 Radius: 50 miles
Personal use: N Body type: Limousine Use class: 1

Liability	UM	UM/PC	Agmt total
Premium	\$7,800	\$119	\$18
			\$7,937

Vehicle questions

- Please indicate the stretch length of tr's vehicle: 120 inches or less

Financial responsibility information

Name	Home address	Age	Date of birth
ERNEST ISHMELL	855 SADDLEBROOK RD CHERAW, SC 29520-0000	66	07/13/1953

Business information

Business type	Sub business type	Other
Freightliner Transportation (for hire)	State Car Services	
Applicant	Employer ID number	
Individual/sole proprietor		

Does the applicant have a USDOT Number? No

If a USDOT Number is obtained in the future, it must be provided to Progressive.

Additional policy questions

- Year the current business was established: 2019
- Does the insured currently have General Liability Insurance or a Business Owners Policy? Neither
- Premise type your tow business operates from: Unknown

~~Ernest Iskhmel~~Ernest Iskhmel

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

☒ Yes

☐ No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

☒ Yes

☐ No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

☒ Yes

☐ No

4. Applicant understands that all drivers operating a vehicle under a Class C Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

☒ Yes

☐ No

5. Applicant understands that all Class C Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

☒ Yes

☐ No

107 EXECUTIVE CENTER DRIVE, SUITE 700
COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc.gov to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Christy Shnell
Applicant's Signature

President
Title of Applicant (e.g. President, Owner, etc.)

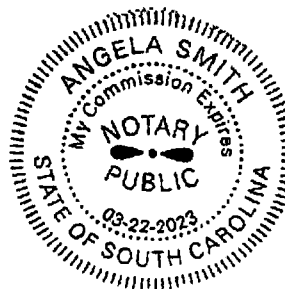
STATE OF SOUTH CAROLINA)

COUNTY OF Darlington)

SWORN TO BEFORE ME
This 17th day of September, 2019

Angela Smith
Notary Public

Commission Expires 03/22/2023



Print Application

2019/09/17 09:33:58 1 /10

WNB

544 Oakland St

SC

29577

FROM

Name: Derek Rizzo

Phone:

Fax:

E-mail: Derek.Rizzo@woodforest.com

TO

8038965199@fax.woodforest.com

8038965199

Sent: 9/17/19

at: 9:33:58 AM

10 page(s) (including cover)

Subject: E Ishmell

Comments:

RECEIVED

SEP 17 2019

PSC SC
CLERK'S OFFICE